

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Kevin L. Dickens		COURT CASE NUMBER	04-201 JSF						
DEFENDANT	Brenda Holwerda		TYPE OF PROCESS							
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN First Correctional Medical ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) McKee Road, Dover, DE 19903									
AT										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>48</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>3 3</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>			Number of process to be served with this Form - 285	48	Number of parties to be served in this case	3 3	Check for service on U.S.A.	
Number of process to be served with this Form - 285	48									
Number of parties to be served in this case	3 3									
Check for service on U.S.A.										
<p>Kevin L. Dickens, #256265 Delaware Correctional Center 1181 Paddock Road Smyrna, Delaware 19977</p>										

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Kevin L. Dickens</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		<u>12/19/05</u>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date <u>3-13-07</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service <u>3/21/07</u>	Time am <u>10:00</u>	pm <u>00</u>
	Signature of U.S. Marshal or Deputy <i>BF</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fcc	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

RTS. No longer @ DCC

let. Unexecuted